

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER		AFTER	
	IND.	OEP.	IND.	OEP.	IND.	OEP.
1						
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48						
49						
50						
TOTAL IND.	1					
TOTAL OEP.	9	←	←	←	←	←
TOTAL	10	100%	100%	100%	100%	100%

	IND.	OEP.	IND.	OEP.	IND.	OEP.
61						
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100						
TOTAL IND.	..	←	←	←	←	←
TOTAL OEP.	..	←	←	←	←	←
TOTAL	122525	15525	122525	15525	122525	15525